



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANT: Anders Björling et al GROUP ART UNIT: 3762
SERIAL NO.: 09/995,198 EXAMINER: Kennedy Schaetzle
FILED: November 27, 2001 CONFIRMATION NO.: 9390
TITLE: "METHOD AND CIRCUIT FOR DETECTING CARDIAC
RHYTHM ABNORMALITIES BY ANALYZING TIME
DIFFERENCES BETWEEN UNIPOLAR SIGNALS FROM A
LEAD WITH A MULTI-ELECTRODE TIP"

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

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APR 08 2004

TECHNOLOGY CENTER R3700

In response to the Office Action dated December 31, 2003 Applicants
herewith amend the application as follows.

41

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3762

INVENTOR APPLICATION OF:

Björling et al

SERIAL NO.:

09/995,198

EXAMINER: Kennedy Schaetzle

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CONFIRMATION NO.: 9390

TITLE: "METHOD AND CIRCUIT FOR DETECTING CARDIAC RHYTHM ABNORMALITIES BY ANALYZING TIME DIFFERENCES BETWEEN UNIPOLAR SIGNALS FROM A LEAD WITH A MULTI-ELECTRODE TIP"
AMENDMENT "A"

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*57	MINUS	**55	X	() X 9.00 () X 18.00	\$36.00
INDEP. CLAIMS	*6	MINUS	6	X	() X 43.00 () X 86.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$145.00 () \$290.00 ONE TIME	
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT		\$36.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on March 30, 2004

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

March 30, 2004

DATE